



CITY OF SUGAR LAND
Development Services Department

DEMOLITION PERMIT APPLICATION
COMMERCIAL PROJECTS ONLY

APPLICATION # _____

PROJECT ADDRESS: _____

TENANT NAME: _____

CONTRACTOR NAME: _____ PHONE: () _____

FAX: () _____ CELL: () _____ EMAIL: _____

ADDRESS _____ CITY/STATE _____ ZIP _____

DESCRIPTION OF DEMOLITION: _____

CUBIC FEET OF DEMOLITION: _____

PERMIT FEE: ☐ PAY BY ESCROW ACCOUNT

0 - 100,000 cubic feet \$52.50
100,000 cubic feet and over \$52.50 plus \$0.50 for each additional 1,000 cubic feet over 100,000 cubic feet

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type work will be compiled with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

APPLICANT SIGNATURE

DATE

PRINT NAME

PHONE NUMBER

FOR OFFICE USE ONLY

PLAN REVIEWED BY: _____ APPROVED FOR ISSUANCE BY: _____